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	WHILE AT WORK farm, factory, street, office bldg., etc.) NOT WHILE AT WORK farm, factory, street, office bldg., etc.) 21. Lattended the deceased from 2-1/-6 3 , to 3-1-62 and last saw him elive on 3-1-62	WHILE AT WORK farm, factory, street, office bldg., etc.) 21. I attended the deceased from 2-1/-62, to 3-1-62 and last saw him alive on 3-1-62 Death occurred at 3-1-62 3:50 Pm on the date stated above, and to the best of my knowledge, from the causes stated.		MEDIC	INJURY a.m. p.m. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION	COUNTY STA			
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236. BURIAK, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State) REMOVAL (Specify) Birrial 3/3/1962 Friendship Cemetery Scotland Co., Missouri 24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE	236. BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State) REMOVAL (Specify) Birial 3/3/1962 Friendship Cemetery Scotland Co., Missouri 24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE	Birial 3/3/1962 Friendship Cemetery Scotland Co., Missouri.		I _	(licensed Embalmer's Statement on Reverse Side)	a W. Jacky			

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STATEMENT BY LICENSED EMBALMER

	certify that the body whose name	is recorded on the reverse side of this certi	ficate was embalmed by me, Embalmer No
or by		, Siddein	Enidamer (10
working under m	y personal supervision.	100.	Da
Student	Signature of Student Embalmer	Signed	
	•	Licensed Emb	almer No. 4238
		P. O. Address	meen she

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.